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Bib Data Sheet

CONFIRMATION NO. 1524

|  |   |                                    |  |                                      |
|--|---|------------------------------------|--|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/069,577   | <b>FILING DATE</b><br>02/27/2002<br><b>RULE</b>   | <b>CLASS</b><br>704                | <b>GROUP ART UNIT</b><br>2641                                  | <b>ATTORNEY DOCKET NO.</b><br>Q68559 |
| <b>APPLICANTS</b><br>Dieter Kopp, Illingen, GERMANY;<br>Ulf Knoblich, Birkenfeld, GERMANY;<br>Jorgen Sienel, Leonberg, GERMANY;  |   |                                    |  |                                      |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A 371 OF PCT/EP01/05133 05/07/2001  |   |                                    |  |                                      |
| <b>** FOREIGN APPLICATIONS *****</b><br>EUROPEAN PATENT OFFICE (EPO) 00 440 204.6 07/05/2000   |   |                                    |  |                                      |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>1                                     | <b>TOTAL CLAIMS</b><br>10            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   |                                    | <b>INDEPENDENT CLAIMS</b><br>5                                 |                                      |
| <b>ADDRESS</b><br>Sughrue Mion<br>2100 Pennsylvania Avenue N W<br>Washington ,DC 20037-3213  |   |                                    |  |                                      |
| <b>TITLE</b><br>Distributed speech recognition   |   |                                    |  |                                      |
| <b>FILING FEE RECEIVED</b><br>1058   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees                              |                                      |
|  |   |                                    | <input type="checkbox"/> 1.16 Fees ( Filing )                  |                                      |
|  |   |                                    | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |                                      |
|  |   |                                    | <input type="checkbox"/> 1.18 Fees ( Issue )                   |                                      |
|  |   |                                    | <input type="checkbox"/> Other _____                           |                                      |
|  |   |                                    | <input type="checkbox"/> Credit                                |                                      |